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ABSTRACT

Over the past decade, a significant shift occurred in the language used by the Reagan administration in the fight against youthful drug abuse. This shift reflects a change both in the "moral climate" regarding drug use as well as a reconception of the appropriate way to confront the issue--the "just say no" philosophy. This paper first provides a sociological overview of the emergence of adolescent drug use as a major social problem. Next, through an examination of government-sponsored literature on drug use produced over the past 10 years, it documents the changes in conceptual focus that have occurred during this time, and it considers some of the potentially adverse consequences of these changes. Finally, a redefinition of the notion of "drug-free school" is proposed. (TE)

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What Should We Mean by Drug-free Schools: Policy Implications

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Running head: WHAT SHOULD WE MEAN

Abstract

Over the past decade there has been a significant shift in the language used by the Reagan administration in the fight against youthful drug abuse. We believe this shift reflects a change both in the "moral climate" regarding drug use as well as a reconceptualization of the appropriate way to confront the issue--the "just say no" philosophy. This paper will first provide a brief sociological overview of the emergence of adolescent drug use as a major social problem. We will then document, through an examination of government-sponsored literature on drug use produced over the past 10 years, the changes in conceptual focus that have occurred and consider some of the potential negative consequences of these changes. Finally, we will propose a reconceptualization of the notion of 'drug-free' school.

What Should We Mean by Drug-free Schools:
Policy Implications

Over the past decade there has been a significant shift in the language used by the Reagan administration in the fight against youthful drug abuse. We believe this shift reflects a change both in the "moral climate" regarding drug use as well as a reconceptualization of the appropriate way to confront the issue--the "just say no" philosophy. This paper will first provide a brief sociological overview of the emergence of adolescent drug use as a major social problem. We will then document, through an examination of government-sponsored literature on drug use produced over the past 10 years, the changes in conceptual focus that have occurred and consider some of the potential negative consequences of these changes. Finally, we will propose a reconceptualization of the notion of 'drug-free' school.

The Emergence of a Social Problem

How did drug abuse become, in the public's mind, the leading social problem facing this country in August 1986? In Gallup Polls conducted between 1981 and 1984, drug abuse was not identified among the leading causes of social concern; as late as January, 1986, less than 3 percent of those polled identified it as a problem. Yet by August this number had risen to 13 percent (Clymer, 1986, September 2). This rapid change in perception, occurring when available data (Johnston, O'Malley & Bachman, 1986) indicated that overall drug use was

actually declining, has been characterized by some as a moral panic (Ben-Yehuda, 1986, Goode, 1989).

A moral panic has been described by Cohen (1972, p. 9) as an episode in which:

> a condition . . . or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians, and other right-thinking people.

In the present case, both the sellers and the users of illicit drugs were viewed as destroyers of society. Consider, for example, the following statements from the White House Conference for a Drug-Free America (1988):

> America is at war. We may lose this one. Our forces are outmanned, outgunned and outspent. Many Americans are trying to hold the line against the pushers and the users, but they and the nation are in real danger of being overrun. (p. 1)

> We must be as adamant about "casual" users as we are about addicts. And whereas addicts may also deserve our help, "casual" users deserve our condemnation. These people must accept responsibility for the brutality and corruption which they help finance. (p. 151)

> If you are a drug user, you're an accomplice to murder. (Nancy Reagan, p. 4)

Whether a particular issue creates a moral panic depends only marginally upon the severity of the problem. Consider some of the other issues that did not achieve equal potency in the public view: the homeless, destruction of the environment, the Federal deficit. What appears more critical is the ability of 'moral entrepreneurs' (Becker, 1963) to mobilize power, heighten public awareness of the potential threat facing the community, and then provide a clear and acceptable solution to the problem.

Goode (1989) argues that the moral panic of mid-1986 reflected the synergistic confluence of several events and processes. Specifically, extensive media coverage regarding the "explosion" of crack use among youth (actually used by less than 5 percent of high school seniors--Johnston, O'Malley, & Bachman, 1987) and the death of two professional athletes from cocaine abuse fanned public anxiety about drug use (particularly cocaine) among the affluent middle-class. This concern, coupled with conservative political leadership noted for strong "moral" stands, the generally recognized failure of increased enforcement to stop illicit drug traffic (Brinkley, 1984), an upcoming Congressional election (with a need for hot issues), and the presence of a strong spokesperson (Nancy Reagan), were sufficient tinder for the issue to catch fire. All that was needed was a palatable "solution" to the problem:

"just say no."

Please note that we are not suggesting that adolescent drug abuse is not a cause for concern; rather, that the sudden fixation on the issue may not be commensurate with the severity of the problem. As Goode (1989) notes (and common sense will attest): "Most people who take illegal mood-altering drugs are not harmed by that use" (p. vii).

The Origins of "Just Say No"

The "just say no" response appears to derive from prevention publications developed in the late 1970's by the National Institute on Drug Abuse (NIDA) (See Saying no: Drug abuse prevention ideas for the classroom, NIDA, 1981). This concept was based on work of Evans, Rozelle, Mittlemark, Hansen, Blane and Havis (1978) who found that teaching 12 to 14 year olds to "say no" to smoking, following an informational film on the physiological effects of smoking, reduced their likelihood of starting smoking by 50 percent.

The Saying no publication (NIDA, 1981) was intended to provide information, activities and resources to help bolster a student's ability to refuse drugs. As noted in the preface, however, teaching children to "say no" was viewed as only one part of a comprehensive drug prevention effort.

> Drug abuse prevention as defined by the National Institute of Drug Abuse is a continuum of integrated activities . . . [which] include: information--data

about drug abuse, drugs and their effects, the world we live in, and the meaning and function of drugs; education--which includes the development of decision-making skills, goal setting, values awareness, personal motivation and the development of interpersonal communication skills; and intervention--which run the gamut of work-oriented, recreational, intellectual, and social activities to fulfill physical, intellectual, emotional and spiritual needs.

Saying No only addresses the education portion of the prevention curriculum. (NIDA, 1981, p. iii)

This single element appeared to capture the fancy of the Reagans, and "just say no" became the catchy (and oversimplified) buzzword of the administration in their crusade against youthful substance abuse. This focus on a single behavioral technology places responsibility squarely on the individual, with little appreciation of the other dynamics influencing drug consumption. As Levine (1981) has argued, during conservative political eras there is greater attention placed on individual or biologically-based explanations of deviant behavior than on environmentally-based causes.

The "just say no" strategy was soon followed by "Be Smart, Don't Start" and the burgeoning Drug Free movement, a moral crusade to end illicit drug use in this country. Their initial focus was on Drug Free Schools, but the campaign has been extended to the workplace and other arenas of public life.

Changes in Focus

In examining government documents over the past 10 years (1978-88), we have noted changes in three key areas: (1) definitions and descriptions of patterns of drug use, (2) the goals of prevention programs, and (3) the strategies of drug prevention programs.

Definitions and Patterns of Use

The Office of Drug Abuse Policy (1978) defined drug abuse as "the nontherapeutic use of any psychoactive substance including alcohol and tobacco in such a manner as to adversely affect some aspect of the user's life" (Office of Drug Use Policy [ODAP], 1978, p. 5). Four patterns of drug use were noted:

1. Use of medically prescribed or over-the-counter drugs for therapeutic purposes.
2. Occasional use of drugs for moderate pleasurable effect.
3. Occasional use of drugs for intensive psychoactive effect.
4. Compulsive use of drugs for sustained psychoactive effect and/or to avoid withdrawal symptoms. (p. 8)

In similar ways, other documents published before 1982 noted the many factors that influenced drug effects and made graded distinctions between levels of drug use. For example, Saying no: Drug abuse prevention ideas for the classroom (NIDA, 1981) points out that:

> All drugs can be harmful. The effects of any drug depends on a lot of things, including how much is taken and how often, the way it is taken (smoking, taking pills, etc.), whether other drugs are taken at the same time, the user's personality and the setting. (p. 18)

It goes on to describe four types of drug users:

> (1) experimenters who may try one or two drugs a few times out of curiosity about their effects, (2) recreational users use drugs to "get high" with friends on special occasions or at parties, (3) regular users use drugs constantly to achieve or maintain a desired state, but continue to attempt normal activity (work, school, housework, etc), and (4) dependent users can't relate to anything but drug-seeking and drug taking. They experience mental or physical discomfort when they need drugs and will do anything to obtain them. (p. 18)

The consistent themes of these and similar publications are that: (1) all drugs, not just illicit ones, can have both positive and negative effects, (2) illicit drug use is not inherently drug abuse, (3) there are many ways that people use drugs, and (4) there are many factors that influence drug effects.

In contrast, more recent government publications present a less differentiated picture. The 1984 National Strategy for the Prevention of Drug Abuse and Drug Trafficking (Drug Abuse Policy Office [DAPO], 1984) states that:

> . . . several terms have been commonly used in discussions of drug abuse which, whether well-meaning or intentionally misleading, foster misconceptions and hinder understanding of the nature of drug problems. To avoid misunderstanding, the Strategy discourages the use of the following terms: "recreational use" of drugs, "responsible use" of drugs and alcohol, "substance abuse," "decriminalization," "getting high" and defining drugs as "hard"or "soft." (p. 35)

In Schools without Drugs (U.S. Department of Education [DOE], 1986) it is noted that "the facts are . . . all illegal drugs are dangerous, there is no such thing as safe or responsible use of illegal drugs" (p. 3). Moreover, schools are warned, when selecting materials for drug prevention education, to avoid using earlier government-sponsored publications that may be 'pro-drug.' A 'pro-drug' orientation may be detected by watching for certain "warning flag" phrases such as 'there are no 'good' or 'bad' drugs, just improper use' and 'the child's own decision' (p. 26).

Thus, more recent publications suggest a dramatic distinction between good (legal) and bad (illegal) drugs and imply that all users of illicit drugs will certainly suffer negative consequences. The concept of "responsible use" is verboten; one wonders if responsible use of alcohol and tobacco naturally occurs simply by reaching the age of majority?

Indeed, one illuminating difference is the way publications from the two periods treat the issue of tobacco use. Tobacco is one of the most widely used drugs by adolescents with incidence rates three or more times higher than any other illicit substance (except alcohol) (Johnston, O'Malley & Bachman, 1987) with well-documented harmful effects (Surgeon General, 1984). Nevertheless, tobacco is rarely if ever mentioned in more recent publications geared towards kids, while it was routinely discussed in earlier government materials.

Goals of Drug Prevention Programs

A second area of divergence involves the stated goals of drug and alcohol prevention programs. In 1978, the Office of Drug Abuse Policy stated that:

> the Federal position on prevention must be idealistic yet practical, and also credible. It is not a realistic goal to eliminate all inappropriate drug use. Rather the following policy emphasis is recommended: . . . the prevention of any drug-taking behavior that reduces human potential, whether that misuse appears recreational or reflects severe dependence. A prevention effort should seek to reduce the probability that nonusers will become experimenters, that experimenters will become recreational users, and the recreational users will become compulsive users. (p. 93)

In a similar vein, the National Institute on Drug Abuse (NIDA, 1981) noted that "the cornerstone of NIDA's prevention philosophy is that healthy development can be fostered in ways that decrease the probability of young person's involvement in dysfunctional drug use" (p. 53).

The National Institute on Alcohol Abuse and Alcoholism, in their 1978 booklet Planning a Prevention Program states, in their chapter on prevention programming for young people, that the purpose of prevention is to "increase the likelihood that individuals will develop drinking related behaviors that are personally and socially constructive" (p. 4). Moreover, prevention programs are encouraged to present positive models:

> Programs should give more prominence to models of what to do than examples of what not to do. The kinds of drinking-related behavior that promotes wholeness (including abstinence) should be described, not merely the effects of destructive drinking practices . . . Abstinence should be presented as an option, not as the ideal. (p. 8).

The recurring theme is that prevention programs should seek to prevent dysfunctional or destructive use of substances by individuals. Total abstinence, while desirable, was never seriously entertained as the primary goal of prevention programs.

In contrast, the perspective from more recent publications is clearly no use (zero tolerance). The very name "Drug-Free America" presents this message. "Our top social priority must be to prevent people from ever becoming involved in the use of illicit drugs" (White House Conference for a Drug Free America, p. 13).

The prevention strategy includes teaching young children to actively resist drug-taking behavior and convincing those of all ages who are currently involved in drugs to stop" (DAPO, p. 7)

Strategies of prevention programs

The differences in definitions and goals stated above are most vividly manifested in the program strategies proposed by the two perspectives. Prevention programs based on the earlier perspective envisioned their target as young people who had not yet used drugs or who were not yet abusers. Initial drug use was viewed as voluntary in nature, with the user expecting some type of personal reward. Thus:

> . . . it can be hypothesized that drug use becomes less attractive as an individual's satisfaction with nonchemical life experiences increases or if drug use is perceived by the user as an impediment to a more positive life . . . Research findings suggest that personal, family, peer, and institutional experiences can be important influences in reducing drug use . . . Because of the importance of each of these factors in drug using

behavior, this review recommends that prevention programs provide components which:

1. Enhance Personal Experiences:
   by developing a young person's inner resources, skills, and experiences, and by making attractive the idea of a meaningful constructive life without drug dependence.
2. Enhance Family Experiences:
   by encouraging secure, loving, and communicative interaction among parents and children.
3. Enhance Peer Experience:
   by developing the skills and insights necessary to derive satisfaction and self-esteem from peer interaction, while maintaining autonomy and capability of making personal decisions counter to the pressures of a drug-using peer group.
4. Enhance Institutional Experience:
   by enhancing the climate of both school and neighboring communities so that they can offer excitement in learning, hope in vocation, and opportunity for growth and success in the adult world. (p. 94)

One additional and important feature of a positive prevention program is the inclusion of clear, factual, honest, and relevant information about drugs. Because most young children and adolescents do not have the emotional maturity to make decisions about drug use by

themselves, it is important that information for this group be presented carefully. The schools have a particularly important role to play in this area. (p. 95)

Recommendation: Facts about the chemical composition and potential effects of nontherapeutic drugs should be presented openly without scare tactics. (p. 96)

Recommendation: Therapeutic drug use should be discussed as part of the health education curriculum in grades K through 12 so that young people understand and respect the importance of appropriate drug use. (p. 96)

Conclusion: Positive prevention is not a panacea that will cure all drug abuse. . . Implementation of a comprehensive prevention strategy not only can reduce drug abuse but can enhance the quality of environment in which young people grow up in our society. (p. 98)

In contrast, the thrust of the later Just Say No approach appears to rely heavily on presenting limited information about drugs, emphasizing conformity to rules, teaching refusal skills,and eliminating drugs from the environment (e.g., Drug-Free Schools, Drug-Free workplace). The tenor of this approach is reflected in "A plan for achieving schools without drugs" from Schools without Drugs (DOE, 1986), shown in Table 1. What strikes us most is the heavy emphasis on enforcement, e.g., students are encouraged to turn in peers who sell drugs, and the minimal emphasis on education about drugs and effective

decision-making skills.

Insert Table 1 about here

Recommendations from the White House Conference for a Drug Free America (1988) for education at all levels emphasize a "no use" message, often in conjunction with with punitive measures for noncompliance:

> Recommendation 4. Chief state school officers and State boards of education must ensure that textbooks, curricula, and other materials on alcohol and drugs are accurate and current, that they clearly and consistently carry a "no use" message, and that they integrate education about illicit drugs and alcohol into the existing school curriculum from kindergarten through college. (p. 43) Recommendation 5. Colleges and Universities must adopt firm, clear, and strongly enforced "no use" drug policies encompassing all members of the college community. (p. 44) Recommendation 6. Federal grant money to colleges and universities and for student loans should be contingent upon the institution's having and enforcing "no use" drug and alcohol policies. (p. 45)

The limits of "saying no"

We believe that the just say no perspective is a simplistic solution to a long-standing, complex problem and may, unintentionally, create other problems in its quest to

reduce drug use. First, the perspective fails to acknowledge distinctions between types of users, e.g., differences in age or level of use. While "just say no" techniques may be effective with elementary school students, they fail to work with college sophomores. Moreover, not all prevention is primary. An effective prevention program needs to offer a range of techniques and services to help those at different levels of involvement with drugs. It is not clear to us that labeling casual drug users ("If you are a drug user, you're an accomplice to murder") will cause them to mend their ways.

Second, there has been an overemphasis on illicit drugs in the Drug Free America perspective. What about the dangers posed by legal drugs? As noted earlier, there is little mention of the dangers of tobacco use. What about abuses of prescription drugs such as Valium? We believe that a full discussion of drugs and their effects, both legal and illegal, is critical for people to make effective choices.

Third, most current prevention programs recognize that refusal skills play a only a small role in effective prevention. For example, in Here's Looking at You, 2000 (Roberts, Fitzmahan & Associates, 1988), one of the most widely used and researched K-12 prevention programs, refusal skills constitute two of 65 separate topics in the program. Will this curriculum fall into disfavor because of its relatively balanced emphasis on information, social skills, and bonding to school, family and community groups?

On a broader level, we are concerned about the militancy of the Drug Free movement. They see involvement with illegal drugs as leading to the loss of individual freedom; we see many of their recommendations contained in the White House Conference for a Drug Free America (1988), e.g., legislating content of curriculum materials and school policies, as a greater threat. We often get the feeling, from reading this material, is that there is "zero tolerance" for drugs and "zero tolerance" for contrasting perspectives on the drug problem. Our fear is that if their recommendations were followed and drug use was still not eliminated, harsher, more repressive measures would follow. Rappaport (1980) has argued elegantly for the need for divergent solutions to complex social problems. We believe that drug abuse is such a problem and that multiple perspectives, not a single solution, will be needed to create change.

Finally, let us turn specifically to the notion of drug free schools. Is a drug free school possible? An examination of recent trends in adolescent substance abuse (Johnston, O'Malley, & Bachman, 1987) suggests that the lifetime prevalence rates for alcohol and cigarettes--the percentage of students who have ever tried them--have remained fairly stable over the past 10 years. A gradual steady decline has been observed in the number of regular users. What this suggests is that preventive efforts should be geared not only at discouraging initial use, but also at stopping the transition from experimental to regular use. A "just say no" perspective

may be less effective with experimental users. Moreover, the trend toward stereotyping drug users ("users are losers") may be counterproductive in trying to draw drug users to appropriate services.

A second consideration involves whether the goal of a drug-free school may result in inappropriate evaluation benchmarks being applied to assess the effectiveness of drug education/prevention programs. A recent comprehensive review of the Here's looking at You, program (Hopkins, Mauss, Kearney & Wesheit, 1988; see also Mauss, Hopkins, Weisheit, & Keary, 1988), one of the most widely used drug education curriculums, indicated that the program leads to positive changes in attitudes and knowledge about drugs, but appears to lead to little immediate change in drug-taking behavior. Should the program thus be considered a failure? Will a focus on a drug-free school lead to the premature abandonment of potentially valuable programs?

We believe that the major goal of drug education/prevention programs should focus on reducing the transition from experimental to regular use, and that the concept of drug-free schools should mean schools free from the problems associated with drug use (Engwall & Goldstein, 1988). We believe that recent changes in the political orientation of government-sponsored drug education programs should be thoughtfully reviewed in terms of their likely long-term consequences.

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Table 1

A Plan for Achieving Schools Without Drugs

PARENTS

1. Teach standards of right and wrong, and demonstrate these standards through personal example.
2. Help children to resist peer pressure to use drugs by supervising their activities, knowing who their friends are, and talking with them about their interests and problems.
3. Be knowledgeable about drugs and signs of drug abuse. When symptoms are observed, respond promptly.

SCHOOLS

4. Determine the extent and character of drug use and establish a means of monitoring that use regularly.
5. Establish clear and specific rules regarding drug use that include strong corrective actions.
6. Enforce established policies against drug use fairly and consistently. Implement security measures to eliminate drugs on school premises and at school functions.
7. Implement a comprehensive drug prevention curriculum for kindergarten through grade 12, teaching that drug use is wrong and harmful and supporting and strengthening resistance to drugs.
8. Reach out to the community for support and assistance in making the school's antidrug policy and program work. Develop collaborative arrangements in which school personnel, parents, school boards, law enforcement officers, treatment organizations, and private groups work together to provide necessary resource.

Table 1 Cont'd

STUDENTS

9. Learn about the effects of drug use, the reasons why drugs are harmful, and ways to resist pressures to try drugs.
10. Use an understanding of the danger posed by drugs to help other students avoid them. Encourage other students to resist drugs, persuade those using drugs to seek help, and report those selling drugs to parents and the school principal.

COMMUNITIES

11. Help schools fight drugs by providing them with the expertise and financial resources of community groups and agencies.
12. Involve local law enforcement agencies in all aspects of drug prevention, assessment, enforcement, and education. The police and courts should have well-established and mutually supportive relationships with the schools.

From: Schools Without Drugs (1986), p. vii.